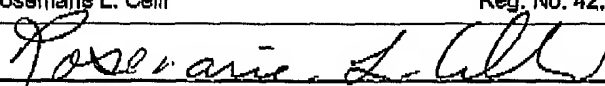
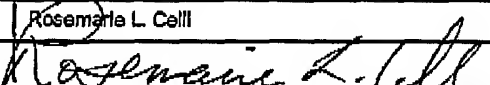


PTO/SB/21 (08-03)

<b>TRANSMITTAL FORM</b> (to be used for all correspondence after initial filing)		Application Number	10/698,099
		Filing Date	October 31, 2003
		First Named Inventor	Schenk, Dale B.
		Art Unit	Unassigned
		Examiner Name	Unassigned
Total Number of Pages in This Submission	13	Attorney Docket Number	015270-008930US

<b>ENCLOSURES (Check all that apply)</b>		
<input checked="" type="checkbox"/> Fee Transmittal Form (1 p., submitted in duplicate) <input type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Other Enclosure(s) (please identify below):
<input checked="" type="checkbox"/> Amend/ment/Reply (7 pages) <input type="checkbox"/> After Final <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supp. IDS (2 pps) w/ attached PTO/SB/08A (1 p.) <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks	The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430.

<b>SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT</b>		
Firm or Individual	Townsend and Townsend and Crew LLP Rosemarie L. Celli Reg. No. 42,397	
Signature		
Date	December 29, 2003	

<b>CERTIFICATE OF FACSIMILE TRANSMISSION</b>			
I hereby certify that this correspondence is being facsimile transmitted to the Patent and Trademark Office, Fax No. (703) 872-9308 on December 29, 2003			
Typed or printed name	Rosemarie L. Celli		
Signature		Date	December 29, 2003

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PTO/SB/17 (10-03)

# FEE TRANSMITTAL for FY 2004

Effective 10/01/2003, Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 334

## Complete if Known

Application Number 10/698,099  
 Filing Date October 31, 2003  
 First Named Inventor Schenk, Dale B.  
 Examiner Name Unassigned  
 Art Unit Unassigned  
 Attorney Docket No. 015270-008930US

## METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None☒ Deposit Account:Deposit  
Account  
Number

20-1430

Deposit  
Account  
Name

Townsend and Townsend and Crew LLP

The Director is authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) or any underpayment of fee(s)☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

## FEE CALCULATION

## 1. BASIC FILING FEE

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	

SUBTOTAL (1)

(\$)

## 2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

			Extra Claims	Fee from below		Fee Paid
Total Claims	64	-46** =	9	X \$18	=	\$182
Independent Claims	6	-4** =	2	X \$86	=	\$172
Multiple Dependent				X	=	

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent claims in excess of 3
1203	200	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)

(\$334)

\*\*or number previously paid, if greater; For Reissues, see above

## FEE CALCULATION (continued)

## 3. ADDITIONAL FEES

Large Entity	Small Entity	Fee Code	Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee or oath	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	420	2252	210	Extension for reply within second month	
1253	850	2253	475	Extension for reply within third month	
1254	1,480	2254	740	Extension for reply within fourth month	
1255	2,010	2255	1,005	Extension for reply within fifth month	
1401	330	2401	165	Notice of Appeal	
1402	330	2402	165	Filing a brief in support of an appeal	
1403	290	2403	145	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,330	2453	665	Petition to revive - unintentional	
1501	1,330	2501	665	Utility issue fee (or reissue)	
1502	460	2502	240	Design issue fee	
1503	640	2503	320	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1807	50	1807	50	Petitions related to provisional applications	
1806	180	1806	180	Submission of Information Disclosure Sheet	
8021	40	8021	40	Recording each patent assignment per property (times number of properties)	
1809	770	2809	385	Filing a submission after final rejection (37 CFR § 1.128(a))	
1810	770	2810	385	For each additional invention to be examined (37 CFR § 1.128(b))	
1801	770	2801	385	Request for Continued Examination (RCE)	
1802	900	1802	900	Request for expedited examination of a design application	

Other fee (specify)

\*Reduced by Basic Filing Fee Paid SUBTOTAL (3)

(\$)

## SUBMITTED BY

## Complete if applicable

Name (Print/Type) Rosemaria L. Celli Registration No. Attorney/Agent 42,397 Telephone 650-326-2400  
 Signature *Rosemaria L. Celli* Date December 29, 2003

SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.  
 60109469 v1

I hereby certify that this correspondence is being facsimile transmitted to the United States Patent and Trademark Office, Fax No. 1-703-872-9306 on December 29, 2003.

PATENT  
Attorney Docket No.: 015270-008930US  
Client Ref. No.: 334-US-NEW3

TOWNSEND and TOWNSEND and CREW LLP

By: 

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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In re application of:

Dale B. Schenk et al.

Application No.: 10/698,099

Filed: October 31, 2003

For: PREVENTION AND TREATMENT  
OF SYNUCLEINOPATHIC DISEASE

Customer No.: 20350

Confirmation No.: Unassigned

Examiner: Unassigned

TC/AU: Unassigned

PRELIMINARY AMENDMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Prior to examination of the above-referenced application, please enter the following amendments and remarks:

Amendments to the Claims are reflected in the listing of claims which begins on page 2 of this paper.

Remarks/Arguments begin on page 6 of this paper.